



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D3201-1**  
**Job Sheet 170813**



Part No: D3201-1

Job Qty: 20 ea

Part Name: Doubler



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 1/19/18

Job Tracking No:

Due Date: 2/12/18

Created By: Mario Poulin

Type: SOLD

Description:

Note: DWG REV B IPP Rev:A Removed from 9 Digit 06-01-25 JLM IPP Rev:B Now on Waterjet 06-08-14 JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 20 Ea  |            | 2/10/18  | 0.00      | 0.00    | Start Up Waterjet     |           | 2-18/02/02  |
| 100   | Waterjet           | 20 pcs |            | 2/10/18  | 0.00      | 0.76    | Waterjet1             |           | 2-18/02/02  |
| 120   | QC                 | 20 pcs |            | 2/10/18  | 0.00      | 0.00    | QC8                   |           | 38          |
| 140   | HandFinish         | 20 pcs |            | 2/12/18  | 0.00      | 0.75    | HandFinish1           |           | 18-02-05-89 |
| 150   | QC                 | 20 pcs |            | 2/12/18  | 0.00      | 0.00    | QC7-2                 |           | 11          |
| 160   | Packaging          | 20 pcs |            | 2/12/18  | 0.00      | 0.00    | Packaging3            |           | 9-89        |
| 170   | QC21-SA            | 20 Ea  |            | 2/12/18  | 0.00      | 0.00    | QC21                  |           |             |

Part Op  
Descriptions: 100 - 1-Cut as per Dwg D3201

DAS  
21  
9-89  
FEB 05 2018

### Job BOM

| Part / Item  | Component Name     | Quantity            | Operation             | Container |
|--------------|--------------------|---------------------|-----------------------|-----------|
| M2024T3S.040 | 2024-T3 .040 Sheet | 5.5200 sf (.276 ea) | 90-Start up Operation |           |

### Part Specifications

| Spec No | Description | Target/Tolerance        | Limits         | Type | Special Comments |
|---------|-------------|-------------------------|----------------|------|------------------|
| 1       | Doubler     | 0.500inches $\pm$ 0.030 | 0.530<br>0.470 |      |                  |
| 2       | Doubler     | 3.570inches $\pm$ 0.030 | 3.600<br>3.540 |      |                  |
| 3       | Doubler     | 0.120inches $\pm$ 0.030 | 0.150<br>0.090 |      |                  |
| 4       | Doubler     | 8.000inches $\pm$ 0.030 | 8.030<br>7.970 |      |                  |
| 5       | Doubler     | 0.580inches $\pm$ 0.030 | 0.610<br>0.550 |      |                  |
| 6       | Doubler     | 4.890inches $\pm$ 0.030 | 4.920<br>4.860 |      |                  |
| 7       | Doubler     | 0.250inches $\pm$ 0.030 | 0.280<br>0.220 |      |                  |
| 8       | Doubler     | 0.040inches $\pm$ 0.010 | 0.050<br>0.030 |      |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____<br><br>Date: _____                                                                                                                                                                                                   |                                                | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><table border="0"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |                                              |  |                                           |                                           | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>     | Engineering <input type="checkbox"/>        | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>    | Quality <input type="checkbox"/>              | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>      | Rec/Store/Packaging <input type="checkbox"/>               | Other <input type="checkbox"/>              | Large Fab <input type="checkbox"/>         | Composite <input type="checkbox"/>     | Supplier <input type="checkbox"/>        |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                | Cross tube <input type="checkbox"/>            | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/>             | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                            | Finishing <input type="checkbox"/>             | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                | Composite <input type="checkbox"/>             | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <div style="transform: rotate(-90deg); transform-origin: left top;"> <b>PART NO: D3201-1</b><br/> <b>Original Serial #: S038343</b><br/> <b>Revision:</b><br/> <b>Operation:</b><br/> <b>Change No:</b><br/> <b>Start up Operation 02/02/18</b><br/> <b>Job No: 170813</b> </div> |                                                | <div style="transform: rotate(-90deg); transform-origin: left top;"> <b>DART AEROSPACE</b><br/> <b>S038343</b><br/> <b>Doubler</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MRB (QSI042) Approval                        |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
|                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Completed By                                 |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
|                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Lead hand / Supervisor Approval Verification |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
|                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QC / QA Coordinator Approval                 |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| Environm _____<br>De: _____<br>Doc/I _____<br>Equip/To _____<br>Handling _____<br>Ma _____<br>Internal Trar _____<br>Tribal Know _____<br>Sub _____<br>Past Expir _____<br>Misidentified <input type="checkbox"/> Past Due <input type="checkbox"/>                               |                                                | <b>FAULT CATEGORY</b><br><table border="0"> <tr> <td><input type="checkbox"/> Temperature/Cure</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Set-up</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain</td> <td><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Part Moved</td> </tr> <tr> <td><input type="checkbox"/> Countersink</td> <td><input type="checkbox"/> Off-set</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Cut Too Short</td> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Turning Sequence</td> </tr> </table> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Set-up     | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain     | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld          | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence |
| <input type="checkbox"/> Temperature/Cure                                                                                                                                                                                                                                         | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Set-up                                                                                                                                                                                                                                                   | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> BOM/Route                                                                                                                                                                                                                                                | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Broken/Damage/Defect                                                                                                                                                                                                                                     | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Inspection Incomplete/Unqualified                                                                                                                                                                                                                        | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Contamination                                                                                                                                                                                                                                            | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Countersink                                                                                                                                                                                                                                              | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Cut Too Short                                                                                                                                                                                                                                            | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Instructions Incomplete/Unclear                                                                                                                                                                                                                          | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |
| <input type="checkbox"/> Drill Holes                                                                                                                                                                                                                                              | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |                                           |                                           |                                           |                                     |                                        |                                             |                                    |                                    |                                               |                                               |                                        |                                         |                                                            |                                             |                                            |                                        |                                          |                                     |                                      |                                  |                                  |                                        |                                     |                                 |                                                          |                                       |                                  |                                      |                                                |                                           |

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